

MILITARY NUMBER

THE RHODE ISLAND MEDICAL JOURNAL



Owned and Published by the Rhode Island Medical Society. Issued Monthly.

VOLUME I }
NUMBER 10 } Whole No. 112

PROVIDENCE, R. I., OCTOBER, 1917

PER YEAR \$2.00
SINGLE COPY 25 CENTS

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The Official Organ of the Rhode Island Medical Society
Issued Monthly under the direction of the Publication Committee

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ORIGINAL ARTICLES

THE MEDICAL OFFICERS' RESERVE CORPS.*

By MAJOR HORACE D. ARNOLD, M. R. C.,
U. S. Army.

Mr. President, Ladies and Gentlemen:

I wish to express my appreciation of the honor and privilege of addressing this Society, and I want to apologize for giving you a very informal talk. Your President was kind enough to give me plenty of notice, but Uncle Sam has been unkind enough to take up all my time, so I have prepared no set paper. I also wish it understood that I speak to you personally and not officially.

The subject is the Medical Reserve Corps. I will try to run over some of the points and give you, as far as I can, information which may be of value about this matter in which most of you are interested. The object of the Medical Reserve Corps is to avoid the errors of the Spanish War and of other previous wars. The medical department was the first department of the army to inaugurate this plan of a reserve corps in time of peace, to be prepared for the demands of war. Even as late as the Spanish War there was no such provision, and when the war began they had to provide doctors for a suddenly increased army, and in the rush they had to take most anybody that would volunteer. Not only is it true that civilian practitioners in general are not qualified to go into service without further preparation, but in the Spanish War we had a great many incompetent men, who were accepted because of the hasty selection. The story of disease and death in our mobilization camps in that war under the care of such officers I consider a disgrace to the profession. The idea then is to get a supply of doctors who will be available for the exigencies of war when we have time to make a proper selection; and to select men of such qualifications that we can guarantee our

citizens that they will be properly taken care of as soldiers. From a military point of view, it is essential that you should have healthy fighting soldiers, not a certain number of men, a large percentage of whom are not fit for fighting.

I want to correct one idea which I find quite prevalent. While it is true that the entrance for the civilian practitioner into war service is through the Medical Reserve Corps, this corps is not intended to be merely a steppingstone to *immediate* service. So many men say, "I am ready to serve when I am needed," and then put off joining the Reserve Corps until they think that their services are immediately necessary. The result has been that too few men have joined the Medical Reserve Corps. While it is true that to-day we think we have enough men to meet our immediate needs, we ought to have two or three times the number of men who are going to be needed in the next six months or the next year. Then the proper idea of the Reserve Corps would be realized. Following the mistaken impression about the Reserve Corps, a good many men have felt that as soon as they were recommended for admission, the proper thing to do is to drop their practice and get ready to go to the front. That is one of the unfortunate results of this wrong conception of the Reserve Corps. You should be ready to be called, ready to serve when needed; but in the meantime you are not on active duty, and you should continue your civilian occupation as though nothing had happened.

I hate to come to a gathering of this sort, where everything is going on in a peaceful way, and try to make you realize what seems to me the very great gravity of the situation that we are in, and the very great urgency of organizing the medical profession more effectively. It seems like spoiling a good time, and yet I know of no better opportunity than this and similar occasions for bringing a realizing sense home to the community.

Let us look at it a little bit from the point of figures. We have to-day, or will have when we

*Read before the Rhode Island Medical Society, September 6, 1917

get our draft army, approximately a million and a half men in service. According to the legal allowance of seven doctors per thousand, you need 10,500 doctors for that number. Remember that seven doctors per thousand is an inadequate provision for the present war. The Allies have found ten per thousand none too many, and in our Civil War we had a little over ten per thousand, and we did not have any too many doctors. But I am talking figures on the legal basis of seven per thousand. Ten thousand and five hundred doctors are needed immediately for the armies already ordered. The Committee on Public Information are talking publicly on the basis of three million soldiers for this war and say, therefore, that we need 21,000 doctors. Their statistics and ideas were written up, of course, fully a month ago. The course of events in the last month has, in my own opinion, confirmed the feeling that I had, that we will need at least five million men in this war. Not that every one of those five million must go over into the firing line, but we will need to prepare an army of five million men, if we want to properly protect this country and obtain the ends for which we entered the war.

Five million men, then, is, I think, the basis which we must provide for if we are to act wisely; and this calls for at least 35,000 doctors. There are from the ages of twenty-two to fifty-five, the military age, registered in this country only ninety thousand doctors. How many of those ninety thousand are physically incapacitated? How many are incompetent to be put in charge of our soldiers? A pretty considerable percentage. I believe that in the near future we must get one out of every two doctors in this country that are physically fit and professionally qualified. Is the problem as great as this? Of course, it depends on the duration of the war. You have got your guess just as well as I have mine. You hear the optimist say that it will be over before Christmas, and the pessimist say it is going to last for years.

Are you watching the developments in Russia? Must Russia go through the same sort of turmoil that they went through in the French revolution? Russia practically is out of the game; at least for a long time to come. If a separate peace were concluded, if the Central Powers could order into the west front the men that they have in the east, if they could have the resources that lie to

the east, how long would the Allies hold up? And how soon could this country come to the rescue? Not for months.

It is going to take you men four months from the time you offer your services to the Medical Reserve Corps before you are fit to take charge of troops,—and men come to me and ask whether there is any urgency that they start in! Unless we are more forehanded, the medical profession has little right to criticise the Government or any department of the Government on unpreparedness.

The medical schools are partly to blame for our indifference. The lesson of the Spanish War ought to have taught us that military medicine should be incorporated in the curriculum. If you had been taught something about that, you wouldn't think that you are ready to go into the field and take care of soldiers. You would know that the work of the medical officer, even from the medical standpoint, is a specialty; you would realize a little more that, as medical officers, you are not only to be physicians, but you have got to train and take care of troops. All of this must be learned before you can safely be put in charge of troops in a mobilization camp. Do you think that there are going to be regular officers around these places to do this work for you?

The combined number of medical officers in the army and navy when this war broke out was under twelve hundred. The number of men that are needed in the immediate future are twenty-one thousand in the army and at least two thousand in the navy; twenty-three thousand. Twenty times as many medical men needed as existed in the regular services at the beginning of this war. One in twenty, scattered around. They cannot do the work. You men have got to do it, and train men to be nurses, orderlies and stretcher bearers.

What have we actually accomplished so far? You probably all have read in the Medical Journal lately that we have enough men for the Medical Reserve Corps at the present time. I do not believe it. It is true that the number of men in the Medical Reserve Corps has at last become slightly greater than the number immediately needed for our armies, but a large part must be regarded as raw recruits. If we had had these figures three months ago and these men had all taken the training of three months

to be ready for the draft army which is now coming in, then we might say that we are properly prepared for the present; but just now this number of raw recruits from the medical profession are very far from being prepared.

The great demand to-day is for men to go into the field. That means by preference men who are under thirty-five. I do not believe that the circumstances in Rhode Island are much different from what they are in Massachusetts. In Massachusetts a survey of the men who have volunteered showed that there were as many or more over forty years of age than under forty, and that the men who were particularly lacking were the men below thirty-five who ought to have come forward first. We need general practitioners of this age who are not too fussy about what they are asked to do. There is also room for the man who has devoted himself to a special line, but is ready to go in and do the work of the field medical officer. Later on, when such a man shows in the field or in the hospital that he is especially qualified for certain things, he may be sure that his services will be utilized just as far as possible in that line.

Why have not young men come forward? Partly because they, like every one else, have not realized the urgency; partly from indifference; partly, I am sorry to say, from lack of patriotism. I would not have said that a month ago. I now say it after the experiences of the last three weeks with the men who have been "smoked out" by the draft.

Yes, you have got to make sacrifices. I do not know of any group of men in the whole community that has got to be called upon to make as great sacrifices as the medical profession. It is not right from my idea of justice, but I do not see any way out of it. It is not a time, gentlemen, when we can stop and consider convenience. It is not a time when we can be too fussy over the amount of sacrifice. The question to my mind is, is the sacrifice possible? The hard part is that it does not concern us personally alone, but affects our families. If there are any who have no dependents and are not giving this matter attention, it is time they did. But most of us have dependents, and it is because it strikes them that we must first realize the urgency before we are willing to make the sacrifices. I think, before the war is over, every one will be called on to make every sacrifice he

or his family can stand. We will have to decide that it is more important to guard the safety of our families by saving the country than to consider whether they are going to have all the comforts they have had in the past.

The second call is for men up to forty-five. I do not want to scare any of you older men, but we have the statement, apparently on good authority from General Pershing, that France is not much of a place for a man over forty-five. We really want our field forces, as far as possible, under forty-five.

I think you will understand from what I have said that I believe the whole medical profession has got to be mobilized. The order of importance is: First, for the active services, because we have got to win the war or we will have no country. Second, the hospitals, and not simply hospitals for the civilian, but hospitals as auxiliaries to the army hospitals that will be established. Third, the medical schools. We are going to need more doctors than we have. Fourth, and lastly, the civilian practice. Not because it is unimportant, but in time of war the other things must take precedence, because we are fighting for existence. Certain things modify that. In Rhode Island you probably are not troubled quite as much as in some of the other states by what are called one man towns. Of course, there must be some provision for the civilian population.

We are holding our meeting in a very important hospital. Are you prepared to meet this drain; are you prepared for the demands this call is going to make on you? If you are, you are far ahead of any hospital I know of in Boston. Some have made part preparation; no hospital in Boston, so far, has made what, to my mind, is adequate preparation to meet the possibilities which seem to me to be looming up.

Each hospital ought to determine an irreducible minimum as a nucleus around which to build its plans, and that irreducible minimum is the smallest number of men who could man a hospital professionally, with every man working on continuous service. Not that he has got to work day and night on the hospital service. These men ought to have time enough for private practice to earn as much money as their brothers in service are getting, but they are not entitled in fairness to any more. It is not fair in calculating this irreducible minimum that you men that are

picked out to serve the country by staying home and taking care of hospitals should have greater financial opportunities for personal gain than we fellows that go out and have only a salary from the Government. The men to compose this irreducible minimum should naturally be selected from those least able to take active service. Now around that group place your staff in layers that can be peeled off. This man can be spared easily; that man cannot be spared as well, but he can go; and so on, one layer after another.

The medical school problem does not concern you here as much as it does us in Boston. The medical schools must be kept up, but if this city and if your group of hospitals want to do something of very great service, you can do it by taking the physicians in your community who are not quite good enough for the soldiers and giving them opportunities for training that is going to make them good enough. We are examining a number of men that are not quite good enough, but in three months, six months or a year would certainly make good doctors for the army. Those men are turned down at the present. Now, the time to consider such problems of instruction is before the demands have seriously reduced your hospital staffs.

The mobilization of the general profession—the decision as to who shall go into service and who shall stay—is a problem that should be left, as far as possible, to local groups or boards. I do not know of any one who is more competent to decide the thing fairly than the men who actually know the circumstances. Of course, they have got to take it up in a fair spirit. It must be handled with justice; but I believe the medical profession, if they wake up to the real situation, are capable of giving out that justice, and it is going to be much better for the community to have it done in that way. I hope we are going to escape a draft of physicians, but I am not at all sure that it can be done. I am convinced that it would be the fairest way of meeting the situation, unless the medical profession will take hold and make a selective draft among themselves. That would be far better than a legal draft, but unless the medical profession comes to a better sense of the seriousness of the situation, if the war lasts for a reasonable length of time, I think we face a medical draft as the only solution of our absolute needs.

ORGANIZATION OF DISPENSARY SERVICES OF THE SECOND NAVAL DISTRICT.*

By D. N. CARPENTER,
Medical Inspector, U. S. N.

I have been asked to speak to you today on the organization and work of the Medical Department of the Second Naval District. This is a subject that should interest the members of the Rhode Island Medical Society, as your coast is entirely included within this district, extending from Chatham, Mass., to New London, Conn. When the United States entered the war our sea-coast, east, west and south, was divided into districts, eight of which are on our Atlantic and Gulf coasts. In each of these districts we have a Navy Yard or Naval Station, with a Medical Department of the Regular Service. These were utilized by the Bureau of Medicine and Surgery as the nucleus immediately available from which the District Medical Department could expand. The Senior Medical Officer of the Navy Yard or Station was assigned additional duty as the medical aid to the commandant, and established the necessary medical organization of the District in accordance with military plans. The medical officer in command of the Naval Hospital in each district became the Director of the Hospital Service of the principal base, and under orders from the Bureau of Medicine and Surgery made provisional plans to expand the hospital facilities in the immediate vicinity. The medical aid was given in charge of the dispensary service and of the hospital service outside the principal base.

The chaotic conditions which were felt in the early days of our preparation have to a great degree now subsided, as the machinery of organization has been gradually effected. With the large influx of men enrolled in the Coast Defense Reserve of this district, the wisdom of utilizing an already established Medical Department was soon apparent. In the absence of more definite plans for the mobilization of doctors, hospital corpsmen, and supplies, it was a great advantage during the first few weeks to have these reservists attached to the Naval Training Station at Newport. As there was also a great increase in the number of recruits for the regular service;

*Read before the Rhode Island Medical Society, September 6, 1917

and as the accommodations at the Naval Training Station were limited the reservists were required to find quarters in the hotels, boarding houses and private homes in Newport, and to subsist themselves upon an allowance from the Government.

Surgeon W. D. Owens, of the Navy, who had been attending the course at the Naval War College, offered his services in connection with the work for the reservists; and when the State Armory on Thames Street was secured as Headquarters, the dispensary of the Newport Section was established here. Through the cooperation of the members of the Newport Medical Society the work of this Dispensary was greatly aided.

Having the personnel scattered about the town was a continuous source of anxiety to the medical officers, as it prevented that supervision of sanitary conditions which means so much in combatting the spread of disease. It had, however, one advantage, for when a contagious disease occurred it was limited to a comparatively few men, who might be in the same quarters with the patient. Both the Army and the Navy and civilian Y. M. C. A.'s were able to care for a large number of the men and were willing to carry out the recommendations of the inspecting medical officer.

In order to provide quarters for the training of the Naval Reservists the commandant of the District had from the first made every effort to find a suitable place that would serve as a camp. For one reason or another proposals to use the hotels of Jamestown, a Fall River Line boat, or the Bathing Beach Pavillion all fell through, until at last it was determined to place the men under canvas on a field. Two officers of the Army, who had been taking the War College course, were appointed as a board to select the camp site. Suitable fields were found to be very limited. Finally the choice of the Cloyne Athletic Field, near the Training Station was made. This was offered to the Government through the patriotic generosity of Dr. and Mrs. O. W. Huntington. It had the advantage of immediate water supply and sewage disposal, good drainage and proximity to town for various resources. It was then learned that no tentage could be obtained, and it was decided to build temporary barracks, using the Army plans furnished by the Quartermaster's Department. An appropriation was

secured and the work commenced at once; as fast as the barracks were built the men were moved in. It may be of interest to the members of this Society, if they visit Newport, to go to the camp and see the details of equipment. A cordial invitation is extended.

Proximity of the camp to the Naval Hospital at first caused considerable concern, as some believed there was danger of contracting disease from the patients in the hospital. If there is one contribution to our general knowledge that we can thank Rhode Island for it is the work of Dr. Chapin and Dr. Richardson in showing that contagious diseases, with proper precaution, can be treated on the same grounds and even in the same building of a general hospital. Now that the camp has been equipped and running for two months without evidence of contagion from the hospital adverse criticism of the camp site has subsided.

It is at this camp that the reservist first reports for active duty and is outfitted, drilled, and trained. He is given his vaccination against small-pox and typhoid; and after training is available for transfer to the other section bases and for duty on the patrol boats.

In addition to the barracks on Cloyne Field, the Cloyne School has been taken over by the Government and is being used as an officers' school for the training of newly appointed ensigns.

The patrol boats of the Newport section base are outfitted and repaired at the whaves adjoining the Armory where the principal dispensary is located. Close by are the repair shops of the district, where the necessary alterations and repairs to the boats are made. The Medical Department at Newport must, therefore, provide a dispensary service for a large number of men, divided between the patrol boats, repair shops, and training camp.

At the training camp and on the patrol boats the enforcement of sanitary regulations can be carefully observed, but there are still a number of men scattered about the town who work in the repair shops.

During the cold weather of the late spring the Medical Department had to combat a measles and German measles epidemic, and there were also a few cases of cerebro-spinal meningitis. With the advent of the summer weather these

epidemics disappeared with the exception of a few mild diphtheria cases, contracted among the men at the repair shops during the recent explosive epidemic of diphtheria in Newport. The Schick test was used for the men at the training camp. I shall ask Dr. Rathbun to tell of this work.

These September days remind us that we will soon have winter conditions to face and necessary preparations are gradually being made. The training camp buildings are being closed in at the bottom and a steam heating plant is being installed. The buildings have already been ceiled and sheathed, with ventilating louvres for roof ventilation.

The diseases which we anticipate will cause us most concern are cerebro-spinal meningitis and pneumonia. When the first cases of meningitis appeared Dr. Flexner came on from New York to consult with us, and as a result of his visit we are building a laboratory at the Naval Hospital for the use of a team of meningitis experts, who will be sent by the Rockefeller Institute when the disease next appears. These men have been trained in the special technique for the examination of swabs from men isolated in barracks where cases occur. There will be a rigid quarantine until carriers are detected and isolated. It is understood that each expert can examine about 100 men a day. Therefore there would only be a few days interference with military routine. This is of special interest to the commanding officer in time of war. After the tragic experience in England during the first years of the war the military authorities were quite willing to isolate even a considerable number of men to stamp out this dreaded disease.

The treatment of carriers in a steam chamber is an irksome process. While Dr. Dunham was with us looking for carriers in connection with one case that occurred, he told us of the use of dichloramine-T in solution in eucalyptus oil and liquid petrolatum, which had given very satisfactory results in quickly clearing up some carriers at Fort Ethan Allan in the spring. This solution promises a practical treatment of men who have been isolated, and also of the carriers. An ordinary hand atomizer containing this solution can be used, thus doing away with the tedious process of the steam chamber.

Pneumonia is the other disease which it is expected will cause trouble, but we hope to keep

down its ravages by following the advice of the New York Pneumonia Commission, which pointed out the influence of bad ventilation in causing the disease. By preventing overcrowding of the barracks and keeping the men's cots at least three feet from each other with men lying alternately head to feet, it is expected that contagion from coughing, sneezing, etc., will be reduced to a minimum. When patients are sent to the hospital the pneumonias will be typed and the serum treatment used.

As for the exanthematous diseases, there will undoubtedly be sporadic outbreaks which, by prompt isolation and quarantine of exposed units, we hope to keep from spreading.

I have gone into some detail in describing the work of the medical department of the principal section base at Newport, as it illustrates what is being done at the other section bases on a smaller scale. At New London there is quite a large personnel utilizing the freight sheds on the State Pier as quarters, with the dispensary in a building at the head of the wharf. This dispensary is equipped as a small hospital to care for cases of trivial importance. Serious cases are sent to the Memorial Hospital in New London, under contract with the Government. Other cases able to travel are sent to the Naval Hospital at Newport.

At New Bedford temporary quarters during the summer were established at a wharf near the Custom House, which was used as headquarters. More recently an old tack factory at Fairhaven has been leased and is being equipped for more permanent winter quarters. The same routine is in force of sending emergency cases to the civilian hospital (St. Luke's) and other cases able to travel go to the Naval Hospital at Newport. The Sick Quarters in the barracks building will eventually provide adequate treatment for cases of minor importance.

At Block Island the dispensary is temporarily established at a hotel serving as barracks for this section base, but it is contemplated to use a private house that has been offered to the Government, and this will be equipped as a small hospital. As Block Island is twenty-six miles at sea, there will be some days during the winter when it will be difficult or impossible to send patients to the Naval Hospital, and, therefore, this dispensary must be able to care for its own emergency cases.

At Woods Hole, the Government fishery

buildings have been offered for use during the winter as barracks and dispensary for this section. With very few or no alterations the building to be used by the medical department will provide a small hospital for this entire vicinity and it will be so equipped. Across the Sound there is a very excellent Marine Hospital at Vineyard Haven. Under the present organization this hospital is available for the use of the Reservists, although the number of beds is limited. Its isolation from the mainland is a disadvantage during the storms of winter.

Farther to the eastward comes Nantucket. Here we have established a dispensary in a private house near the wharves, where the patrol boats are based, and provisions are being made to care for emergency cases if necessary. Ordinarily, however, cases demanding hospital treatment at Nantucket will be sent either to the Marine Hospital at Martha's Vineyard or to the Sick Quarters of the Dispensary at Woods Hole.

Eventually there may be other military bases established in the district, and when this is done there will be dispensaries provided as part of the station. The Medical Aid is charged with the organization and equipment of these dispensaries and also the supervision of the care and treatment of the sick of the district. At each section base there are one or more medical officers who are assistants to the medical aid.

The paper work of each subdivision of the medical department is reduced to a minimum, as it is realized that the personnel, medical officers and hospital corpsmen have not had the experience with the usual forms of naval procedure. They are, therefore, required to make only the daily sick report to their commanding officer, to write up health records, giving a history of the disease of the individual, and to send through the Medical Aid to the Bureau of Medicine and Surgery a card supplying the data from which the official reports are prepared at the Bureau of Medicine and Surgery.

The reserve hospital corps consists of a sufficiently large number of men of a great variety of previous occupations. A number have been drug clerks, registered pharmacists, medical students, undergraduate and graduate dentists, college men from various colleges, some men with previous experience in hospitals, young men from all sorts of business occupations, most of them with at least a high school education. Upon en-

rollment the hospital corpsmen are sent to the Naval Hospital for an indefinite number of weeks of training. This comprises the routine duties of the ward, operating room and various parts of the hospital during the morning, and in the afternoon lectures and recitations for two hours, litter drill and operating room instruction. Whenever men are required for duty at a subsection dispensary, recommendation is made to the medical officer in command of the Naval Hospital who selects the men for this duty.

Besides these reserve hospital corpsmen, the personnel of Naval Base Hospital No. 4, a Red Cross unit under command of Surgeon George A. Matteson of this city are being trained at the Naval Hospital. The staff of the unit consists of some of the best known men in this vicinity. In the early days of the unit's organization the Medical Aid was directed to cooperate with Surgeon Matteson in order to enroll, outfit and train the personnel. Fortunately the Naval Hospital at Newport at this time could utilize the services of these men and had room to quarter them during the period of training, the minimum time being three weeks to qualify. This period permitted the men in many instances to obtain vacations without losing their positions in the civil community. As the personnel of the unit is about complete, we may hear that they are soon to be utilized where they will do the most good. The details of the organization and equipment can best be told by Surgeon Matteson. Of this I have little knowledge. It has been a satisfaction to the Medical Aid, however, to hear that the personnel have been well pleased with the training that was arranged for them at the Naval Hospital, which, thanks to Medical Director Gates, has been efficiently carried out. Recently a pharmacist of considerable ability, from the regular service, was attached for duty with this unit, and his advice and supervision of the equipment should be of great value to Surgeon Matteson.

So far I have only spoken of the organization of the medical department on shore. There is also the organization for dispensary service afloat; but as yet there has been no need to send medical officers to the smaller boats used for patrols. For the large submarine chasers, however, it is contemplated to provide a hospital corpsman for each boat with a medical officer on the division flagship. Then there are the mine

planters and mine sweepers, extremely hazardous work, requiring hospital corpsmen on each boat and a medical officer for each group. Already on some of the larger patrol boats where there is a crew of thirty-five or forty men a hospital corpsman has been provided. Eventually it is hoped that there will be an ambulance boat of sufficient size to cruise outside, capable of carrying from each section base dispensary to the Naval Hospital at Newport patients that require hospital care. Such a boat is under consideration at present and if secured it will be equipped with a medical outfit to give dispensary treatment to offshore patrols and provide proper accommodations for patients that are being carried to the hospital. The medical personnel will comprise one or more doctors and a sufficient number of hospital corpsmen to care for these patients.

Besides the organizations on shore and afloat active measures have been in force from the first to prevent disease. The endeavor has been to utilize all available knowledge that will secure the most efficient sanitation, personal and general, for the men in barracks and on the boats. The Bureau of Medicine and Surgery is utilizing the services of the public health officers, and in each district attached to the office of the Medical Aid is a Sanitary Inspector, a public health officer of experience. The work of the Sanitary Inspector relieves the Medical Aid of the necessity of travelling about the district to make the routine inspections, which would interfere with his other duties. Not only are the reserve organizations inspected, but the Sanitary Inspector inspects the several establishments of the regular Navy that are in the district. This includes the important Naval Training Station at Newport, where there are a large number of recruits constantly under training for the fleet; the Torpedo Station at Newport, where, in addition to a school for divers and seaman gunners, there are a considerable number of the reservists being used as guards; the Melville Coaling Station near Newport with a reservist guard; and the submarine base near New London, where there is a school for submarine officers. I will ask Surgeon Stimson, who is with us to-day, to say a few words as to the character of this work of inspection. We feel especially fortunate in having Surgeon Stimson assigned to this district. You may already know that he was formerly assistant director of the Public Health Laboratory in

Washington, and has done valuable work in the advancement of our knowledge, especially of serum therapy.

Before closing I wish to add just a few words of appreciation of the coöperation the naval medical officers have had from the members of the Newport Medical Society and from the state health authorities, especially Dr. Bernstein. Recently, as you know, there was a very alarming epidemic of diphtheria in and about Newport, causing the army and naval medical officers much concern. It was an accidental epidemic that was conclusively traced to infection by means of ice cream supplied by a local dealer. This man has had the Government contract from time to time during the past years, but fortunately it happened that another dealer had the contract when the epidemic occurred. This explained why we had so little infection among our men and why the infection that did occur was among those men over whom we had the least supervision. As soon as the probable method of infection was suspected, all milk and milk products were excluded from our camps. There is every reason to believe that we would have suffered very heavily if the dealer supplying the infected ice cream had had the contract during the current quarter. Through the desire to coöperate with the military medical officers we were permitted to confer with the local authorities and to help in the work of stamping out the disease in the community.

You will agree with me, I feel sure, especially in time of war, there should be no opportunity for a repetition of such a menace to the men on whom the defense of the district depends, or to the personnel of the Training Station which supplies the fleet by which the strength of the nation must be maintained.

Dr. Stimson, in addition to his work as inspector of military establishments, has instructions to coöperate and to keep in touch with the local health authorities in the district. I shall ask him to tell us of some of the difficulties which we must expect in the future, unless steps are taken to coördinate the work of sanitation of the community. The army has already recognized this need, and in the vicinity of several cantonments there is a public health officer connected with the civilian health office or offices, advising and directing as experts the measures that must be taken to prevent communicable diseases from

becoming epidemic, thus constituting a menace to the troops stationed near by.

The responsibility we medical officers of the navy now have at Newport makes us feel that it would indeed be a great help and a relief to our minds if we knew that there was a full time municipal health officer of experience having authority to prevent for future epidemics. This is a matter in which you can all cooperate, for not only the municipality but the state should use every effort in maintaining a high standard of sanitation during the war. For a number of years the naval medical officers have looked to Rhode Island for recent advances in handling contagious diseases. May we not count on establishing a standard of sanitation for our naval district, through the cooperation of this Society, that will continue to show us that these diseases can be readily controlled even with the difficulties attending the conditions of war mobilization?

DISCUSSION OF DR. CARPENTER'S PAPER,
by Dr. Rathbone.

Seven hundred Schick tests were done on the men of the Naval Station at Newport. We found that one man could do, on the average, thirty cases per hour. We had 18 per cent. positive cases; that is, 18 per cent. of our men were not immune. We are picking out our non-immune cases and are immunizing them by injecting a toxin and antitoxin mixture. We understand that this immunization is practically permanent, so that we hope in the future, in case we have another epidemic in the vicinity of Newport, we will not have to worry as we did during the last epidemic. I might say that we are very careful about checking up our cases. We observe them for at least five days, because, as you probably know, a great many are pseudo reactions, and a pseudo reaction does not last after five days. We hope, also, to follow these cases and to check up our immune, and every few months we will test them out to see if the immunity continues.

BOOK REVIEW

PULMONARY TUBERCULOSIS. A Handbook for Students, by E. O. OTIS, M. D.

The study of tuberculosis began in 1882 with the discovery of the tubercle bacillus. For the

next twenty-five years the literature of the disease was largely that of methods of contagion, specific medication especially tuberculin, sanatorium treatment and a microscopical examination for new physical signs.

During the past ten years these investigations have been thrown into the melting pot, together with the earlier clinical knowledge and recent bacteriological-pathological studies, the dross removed. The result is very concisely and clearly presented in this book. As the author states in the preface, there is nothing new in it, but it clearly presents the facts according to our present knowledge.

Our present knowledge means the unlearning of many things which were positively taught ten years ago, and to any one who is interested in tuberculosis, but has not kept up with the literature of the subject, whether he is a medical student or not, this book is commended.

There is no positive diagnosis of very early cases, but the author has very concisely stated the data to be obtained and the methods of obtaining it in order to make a probable diagnosis. He calls attention to the fact that encapsulation of the tuberculous focus is only an arrest of the disease, cure not taking place until calcification or absorption of the necrotic tissue occurs. There is much confusion in the minds of many medical men as well as of the laity as to what is meant by clinical tuberculosis as differentiated from tuberculous infection. The author calls attention to the patients who have clinical tuberculosis, but in whose chests no physical signs of tuberculosis can be found. These need active treatment because they present the clinical symptoms of tuberculosis. He thus contrasts with these, people who have physical signs of tuberculosis, but who are not sick. These may or may not need treatment. They are tuberculous, but have not clinical tuberculosis. Too often it is "Pigs in pigs" or tuberculosis is tuberculosis, and when the diagnosis of tuberculosis is made a stereotyped treatment is given. This is the old knowledge—the melting pot has removed it as dross.

In the first paragraph under treatment he states: "In the first place, one should bear in mind that pulmonary tuberculosis which has been diagnosed by the physical signs alone, and is without symptoms, requires no treatment. Symptoms are the indication of active disease, and for active treatment. This point needs to be emphasized, for it has happened that individuals have been condemned to unnecessary treatment, their accustomed life disarranged and their domestic economy upset, solely upon the ground that physical signs were discovered.

The chapter covering prognosis, treatment, and treatment of special symptoms are interesting, and while some statements are open to debate, the whole book is a valuable addition to the literature for the student.

J. P.

THE RHODE ISLAND MEDICAL JOURNAL

Owned and Published by the Rhode Island Medical Society
Issued Monthly under the direction of the Publication Committee

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Editorial Correspondence, Books for Review and Exchanges should be addressed to the Editor; Advertising Correspondence to the Business Manager.

Advertising matter must be received by the 15th of the month preceding date of issue.

Advertising rates furnished upon application, to the business manager, J. F. Hawkins, M.D., 114 Westminster Street, Providence, R. I.

SUBSCRIPTION PRICE, \$2.00 PER ANNUM. SINGLE COPIES, 25 CENTS.

Entered at Providence, R. I. Post Office as Second-class Matter.

RHODE ISLAND MEDICAL SOCIETY

Meets the first Thursday in September, December, March and June

JOHN CHAMPLIN	President	Westerly
GARDNER T. SWARTS	1st Vice-President	Providence
JOHN M. PETERS	2d Vice-President	Providence
JAMES W. LEECH	Secretary	Providence
W. A. RISK	Treasurer	Providence

DISTRICT SOCIETIES

KENT
Meets the second Thursday in each month
C. L. PHILLIPS President East Greenwich
L. J. A. LEGRIS Secretary Phenix

NEWPORT
Meets the third Thursday in each month
H. J. KNAPP President Newport
M. E. BALDWIN Secretary Newport

PAWTUCKET
Meets the third Thursday in each month excepting July and August
CHARLES H. HOLT President Pawtucket
EARL J. MATHEWSON Secretary Pawtucket

PROVIDENCE
Meets the first Monday in each month excepting July, August and September
FRANK E. BURDICK President Providence
CHARLES O. COOKE Secretary Providence

WASHINGTON
Meets the second Thursday in January, April, July and October
P. C. PAGAN President Westerly
W. A. HILLARD Secretary Westerly

WOONSOCKET
Meets the second Thursday in each month excepting July and August
W. W. BROWNE President Woonsocket
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Section on Surgery—2d Wednesday in each month, Dr. F. G. Phillips, Chairman Dr. Peter P. Chase, Secretary and Treasurer.

Section on Diseases of Children—3d Tuesday in each month, Dr. Henry E. Utter, Chairman; Dr. J. S. Kelley, Secretary and Treasurer.

Section on Gynecology and Obstetrics—3d Wednesday in each month, Dr. C. W. Higgins, Chairman; Dr. E. S. Brackett, Secretary and Treasurer.

Section on Medicine—4th Tuesday in each month, Dr. G. H. Crooker, Chairman; Dr. C. A. McDonald, Secretary and Treasurer

R. I. Ophthalmological and Otological Society—2d Thursday—October, December, February, April and Annual at call of President, Dr. Lewis B. Porter President; Dr. H. C. Messinger, Secretary.

EDITORIALS

A MILITARY TONE TO OUR MEDICAL MEETING.

The quarterly meeting of the Rhode Island Medical Society held at the Rhode Island Hospital on September 6th, afforded the local profession a striking opportunity of witnessing at first hand the military atmosphere which pervades medicine in this country to-day. The sprinkling of uniforms was large, and very properly included the rostrum. Many Rhode Island physicians now serving in the Medical Reserve Corps

were on furlough for the purpose of attending the meeting. The Society was fortunate in having representatives of both the Army and Navy present, so that the military situation was covered in a very comprehensive manner. The measures already instituted by the Navy for furnishing medical aid to the units stationed along our coast were interestingly described by Medical Inspector Carpenter. No one could fail to be impressed by Major Arnold's straightforward and forceful presentation of the urgent need of the country from the standpoint of the medical profession. New England has been accused, and rightly so, of not appreciating the gravity of the

present national crisis. Physicians who have recently spent time in Washington, New York and other cities along our seaboard have been greatly impressed with the preparations being made for national defense. Others who have not had this enlightening experience are inclined to be dilatory in offering their services to the country.

Certain points in Major Arnold's address are worthy of repetition. It takes four months to train a physician accustomed to civil practice so that he can serve as a medical officer. If an army of five million men is to be raised, it means that one out of every two of the eligible, physically fit physicians in this country will be required to care for this army. The question of a draft for physicians is imminent. In view of these facts, every physician in Rhode Island should again put certain questions to himself: "Am I indispensable to my community?" "Shall I not gain greater reward by enlisting now rather than to wait until I am drafted?"

THE GOVERNMENT CONTRACT—AN OPPORTUNITY FOR SERVICE.

By its decision to employ physicians under contract for definite kinds of medical work in the preparation of the Army for service abroad, the War Department has created a new opportunity for the medical profession. The short term of service required, and the fact that the doctor does not have to pass a physical examination before engaging in the work, will render it possible for many men who by reason of physical disability or because of other circumstances cannot enter the Medical Reserve Corps patriotically to do their part in the selection and training of the fighting forces of the nation. As compared with the work of the commissioned officer of the Reserve Corps who is enrolled for the duration of the war, the service rendered by the contract doctor who undertakes from one to three months work in the cantonments is relatively slight, but it is nevertheless very important. With the provisional rank of lieutenant and sufficient pay to more than cover all expenses, one hundred and fifty dollars a month, the physician can undertake a share in the great national task with a minimum of sacrifice on his own part. The response to the appeal for volunteers for the Reserve Corps has up to date been neither gratifying nor creditable.

Let us hope that enough well trained doctors will offer themselves for the less exacting service to meet the needs of the country.

EXAMINATION OF RECRUITS.

When the history of this war is written some reason may be found for the extreme flexibility of the rules governing physical examination of recruits. The rule may be stated which prompts one examiner to reject an otherwise physically perfect candidate because he has a suspicion of flat foot while another, who has only one arm, gets a commission. There may be a rule which bars from the service a man who has a vision of 20/50 in one eye, but it evidently does not apply to the one who has 20/100 in each eye and gets a lieutenancy. The examiner who rejected a candidate because of a hole in his drumhead though the hearing was remarkably good for so serious a condition, and indeed it might be, because the only trouble was a bit of hardened wax with a speck on it to represent the hole, and was obliged to reject him, did not feel so obliged in another case when there was caries of the ossicles and total deafness. These are the cases we hear about, and it is no criticism of the men who do the examining or of the conscientious and patriotic work they are doing, but it is a criticism of the political powers that thus thrust upon the profession duties which they are not entirely familiar. It is a criticism of the unpreparedness which has marked the whole course of the war, which has spent millions of money in preparing a mosquito fleet of scout patrols, kept in idleness and under temptation thousands of our best young men with no adequate idea of how to use them, and now admitting its uselessness proposes to give it up and expect these young men to enter the services as sailors or coal heavers or be branded as shirkers.

Those who are familiar with the work done at Newport since war was declared in the preparation and equipment of the scout patrol service, who have personally seen the young men, mostly college boys, who have been kept there under wholly inadequate environment and who know the absolute failure of that branch of the service, may well change their cry of "A Daniel come to judgment" to "May a judgment come to Daniels!"

ALCOHOL IN PATENT MEDICINES

One result of the recent legislation which puts a stop to the distillation of alcoholic stimulants will be an immediate increase in the production of the vile decoctions which under the guise of patent medicines cater to the demand for alcohol. The various "Bitters" and "Tonics," which have of late years received a severe jolt to their sales, will soon be again in evidence and the daily press will teem with their advertisements. The campaign of instruction which has been forcefully carried on during the last few years has resulted in an embargo on these advertisements and many of the influential papers now deny admission to their columns of the advertisements of anything which contains alcohol, but there is a horde of newspapers and magazines whose sole aim is financial gain and these will undoubtedly cater to this trade. The influence which the medical profession can exert in combating this evil is, we believe, not appreciated. In these days when osteopaths, chiropractors, neuropaths, and neuzopaths, and the hosts of lesser fry, prey upon the gullible public, it might seem that the opinion of the well qualified physician was not of great value, but the dear public like to be humbugged to the point of actual menace to health or life when they all revert to the reliable but sometimes forgotten family doctor. Advice from the physician is not usually ignored and it should be the duty of all of us to insistently and consistently, in and out of season, enlighten our patients on the evils of alcoholic patent medicines. The oftspoken and repeated opinion of the educated physician will Hooverize the consumption of alcoholic beverages under the guise of medicine.

CO-OPERATION.

At the last meeting of the State Society the House of Delegates went on record as favoring the Owen amendment to Senate Bill 1786, providing for military rank in the Army commensurate with such rank as is already provided for medical officers in the Navy and appropriate to the dignity and importance of the Medical Corps. This action was taken at the instance of the State Committee of the Council for National Defense, together with requests for similar action by influential business organizations and individuals. The hearty and prompt response with which this appeal was met by the local Chamber

of Commerce is a source of gratification to the medical profession and a happy indication of that coöperation and community of purpose which has been aroused in the nation by the great crisis of to-day.

THIS MEANS YOU.

The suggestion of a draft of physicians for the Army and Navy has come from various quarters and has been hotly resented by some as an unwarranted aspersion upon the patriotism of the profession. In this latter feeling we do not agree. The draft, as it has been applied to the youth of the nation, carries no stigma, but is rather a badge of honor in that the drafted man is able to meet the rigorous demands of his country. As regards a medical draft, we are unhesitatingly in favor of it as providing the needed medical officers with as little inconvenience as possible to the individual physician and curtailment of the civil medical needs. There are under the voluntary system, as now practiced in regard to medical enlistments, undoubtedly some men who for the good of their families, themselves, and the service, should not have enlisted, and on the other hand there are too many men who should, but have not, offered themselves. In the city of Providence alone there are 265 physicians who have been in practice less than twenty-five years and are therefore probably within the maximum age limit for the Medical Officers' Reserve Corps, and there are only about forty of these who have taken commissions in some branch of the national service. This is certainly not an example of equitable adjustment of the burdens of war, and the profession of this state must wake up to the fact that they have a duty to perform, and that duty is to furnish the quota which the government expects. There must be fifty more commissions taken at once if Rhode Island would avoid the suspicion of holding back.

INSURANCE OF SOLDIERS VS. PENSIONS.

The proposed national legislation, relative to insurance of soldiers, is a step in the right direction and away from the scandalous state of affairs which has grown up with the pension system hitherto in use in previous wars. This is a subject of no less importance to medical men than to the enlisted rank and file, and should be accorded the thought and critical analysis it

deserves from us. Heads of insurance companies at the request of the Treasury Department made certain recommendations as a result of their invaluable experience only to have them consigned to the waste-basket, and the present bill drawn up by the Treasury officials was sent to the committee with a request that they *report on it in two hours*. This unseemly haste suggests a gentleman of color lurking in the kindling and savors too much of "railroading legislation." Whether the suspicion is justified or not, the fact remains that the bill contemplates the issuance of insurance on soldiers' lives at an absurdly low rate, but—and this is the important point—this rate is to be paid by the soldier. Republics are ungrateful, but the penultimate of ingratitude is reached when a man gives his services and mayhap his life for his country's defense, and the country holds out from his meagre wage the means of pensioning which is rightly the country's burden. It further means the building up of an organization as a governmental branch to write life insurance. This will undoubtedly serve as a means of rewarding worthy political henchmen, but entails an expensive and wasteful neglect of a machinery already doing and better able to do the business into which the government proposes to launch itself.

PHYSICIANS' LEASES.

The Chicago Rotary Club has learned that a great number of physicians who have enlisted for service during the present war are embarrassed by unexpired leases. In certain cases such corporations from whom they rent have refused to cancel leases. When physicians are so much needed in the United States Army, every effort should be made to relieve them of contracts rightfully binding in times of peace, but which might better be waived in times of national peril.

We all know that the physician giving up an established practice to enlist makes perhaps the biggest sacrifice of us all, because his business depends absolutely on personal contact. The day he leaves, his business ceases. But his lease goes on. Yet our country is calling for more physicians, and many patriotic doctors everywhere are trying to arrange their affairs to go.

It is possible to create a strong public opinion favoring the cancelling of leases in such cases. If advisable, the matter can be carried for consideration to Congress.

SOCIETIES

RHODE ISLAND MEDICAL SOCIETY.

TREASURER'S REPORT

Rhode Island Medical Society in Account with W. A. Risk, Treasurer

1916		
Jan. 1.	Interest	\$ 400.
	Legal Services	50.
	Fuel	271.25
	Concreting	55.20
	Librarian	662.
	Janitor	360.
	Insurance	15.
	Safe Deposit	5.
	Collations	168.99
	Bindings	24.10
	Journals	21.
	Telephones	64.70
	City Water	13.61
	Gas	17.45
	Printing	66.25
	Postage	25.19
	House Supplies	28.06
	House Repairs	23.50
	Electricity	72.80
	Committee Workmen's Compensation Act	15.
	Interest H. G. Miller Fund	250.
		<u>\$2609.10</u>
	Cash on Hand to Balance	121.98
		<u>\$2731.08</u>

1916		
Jan. 1.	Balance on Hand	\$ 350.99
	321 Dues @ \$5.00	1605.
	Interest J. W. C. Ely Fund	74.
	Donations	440.65
	Trustees H. G. Miller Fund care of H. G. Miller Room	250.
	Interest on Call Account	10.44
		<u>\$2731.08</u>

Examined and found correct

June 29, 1917

D. L. Richardson
George J. Howe
Auditors

*Rhode Island Medical Society in Account with W. A. Risk, Treasurer**Chase Wiggin Fund*

Jan. 1.		
1917.	To Loan Building Committee	\$6892.21
		<u>\$6892.21</u>

H. G. Miller Fund

Jan. 1.		
1917.	To Loan R. I. Medical Society	\$5359.10
	Paid R. I. Medical Society	250.
		<u>\$ 5609.10</u>

J. W. C. Ely Fund

Jan. 1.		
1917.	1 Bond So. California Edison Co. 5s .	\$ 930.
	8 Sh's Mechanics Nat. Bank Stock . .	480.
	Paid Treasurer R. I. Medical Society .	74.
		<u>\$1534.</u>

Endowment Fund

Jan. 1.		
1917.	By Cash on Hand	\$ 714.71
		<u>\$ 714.71</u>

Printing Fund

Jan. 1.		
1917.	To Loan R. I. Medical Society	\$1677.52
		<u>\$1677.52</u>

Sinking Fund

Jan. 1.		
1917.	Cash on Hand	\$1242.33
	To Loan R. I. Medical Society	1427.67
		<u>\$2670.00</u>

Chase Wiggin Fund

Jan. 1.		
1916.	By Indebtedness Building Committee	\$6892.21
		<u>\$6892.21</u>

H. G. Miller Fund

Jan. 1.		
1916.	By Indebtedness R. I. Medical Society	\$5359.10
	By Interest	250.
		<u>\$5609.10</u>

J. W. C. Ely Fund

Jan. 1.		
1916.	1 Bond So. California Edison Co. 5s.	\$ 980.
	Interest on same	50.
	8 Sh's Mechanics Nat. Bank Stock . .	480.
	Interest on same	24.
		<u>\$1534.</u>

Endowment Fund

Jan. 1.		
1916.	Cash on Hand	\$ 638.14
	R. I. Ophthalmological Society . . .	25.
	Interest	26.57
	A Friend	25.
		<u>\$ 714.71</u>

Printing Fund

Jan. 1.		
1916.	By Indebtedness R. I. Medical Society	\$1677.52
		<u>\$1677.52</u>

Sinking Fund

Jan. 1.		
1916.	Cash on Hand	\$1210.09
	Indebtedness R. I. Medical Society .	1427.67
	To Interest	32.24
		<u>\$2670.00</u>

Examined and found correct

June 29, 1917 D. L. Richardson
 George J. Howe
 Auditors

QUARTERLY MEETING.

Sept. 6, 1917.

The regular meeting was held at the Rhode Island Hospital through the courtesy of the Board of Trustees of that institution and consisted of an all day session.

The morning was devoted to clinics and inspection of the addition to the Out-Patient Department Building.

CLINICS.

Operating Room.

- 10:30 A. M. Dr. Keefe.
 1. Appendectomy.
 2. Cystoscopy with Ureteral Catheterization.
 3. Cholecystotomy.
 11:00 A. M. Dr. Hollingworth.

1. Herniotomy (2 cases).
 2. Repair of Fractured Patella.
 9:00 A. M. Dr. Brackett.
 Hysterectomy (2 cases).
 10:30 A. M. Dr. Hammond.
 Albee Operation for Pott's Disease.
 12:30 P. M. Dr. C. O. Cooke.
 1. Demonstration of Skull Fractures.
 (a) With compound depression.
 (b) Epidural hemorrhage.
 2. X-Rays of Bone Grafts in Fractured Tibiae.
 Medical Clinics.
 11:00 A. M. Dr. Mathews.
 1. Demonstration of Bath Treatment in Typhoid Fever.
 2. Ward Visits.
 12:00 M. Dr. Lovewell.
 1. Vaccine Therapy in Treatment of Typhoid Fever.

2. Demonstration of a Case of Scleroderma.
3. Microscopical Views of Blood in Acute Lymphatic Leukemia.
4. Ward Visits.
- 11:30 A. M. Dr. Fulton.
Electrocardiography.
- 11:00. Dr. Gerber.
X-Ray Demonstrations.

At 1 p. m. luncheon was served in the nurses' dining-room and at 2 p. m. tennis matches were played. Examiners for the Medical Officers' Reserve Corps were in attendance throughout the session.

The business meeting was called to order at 4 p. m. by the President, Dr. John Champlin.

ADDRESS OF WELCOME BY MR. SAMUEL R. DORRANCE, REPRESENTING THE BOARD OF TRUSTEES OF THE RHODE ISLAND HOSPITAL.

In the name of the President and the Trustees of the Hospital, I bid you welcome here to-day as our guests. I do not know who should be welcome here unless it were the Rhode Island Medical Society. The honored names of your great members of fifty years ago are written in our earliest records. They were invincible organizers; they were valuable advisers. Twenty-six of them composed our first staff; twelve for active service, the other fourteen as consultants. With failing strength they laid down their work day by day, and their successors came from your ranks, and as time went on and it became necessary to enlarge the staff, you furnished the men to fill the new positions, as well as the vacancies, until to-day you are giving us the services of more than one hundred of your members for active work in the wards and Out-Patient Department, and of twenty more who are in the consulting staff.

To provide brick walls, beds, apparatus and supplies has been no light and easy task. It becomes more difficult and costly every year, and when we have these things they do not constitute a hospital. Without your coöperation, without your energy and skill, free given, your philanthropic zeal and your loyalty, there would not be any hospital. These things have never failed. They will not fail in the trying days that have come upon us, in the trying years that are to come. We are glad to see you. You are welcome here to-day and always.

INTRODUCTORY REMARKS BY THE PRESIDENT,
Dr. JOHN C. CHAMPLIN.

During the past three years there has been but one great subject of thought and conversation the world over. Since last April, since the United States joined in this great war, the matter has been brought very close home to every one of us. Every one has tried to do his best, and those who have not tried have been besought on all hands to do their best. In any great war the secret of success is the health of the army and navy. This devolves upon the medical profession. The medical profession has never failed the government at any time and it will not fail the government this time. There has been a great deal of information which has been misleading, which has been circulated in the papers throughout the country. It is well that we, as medical men, should know the exact status of the medical profession in this country.

I have the pleasure of introducing to you Major Horace D. Arnold, who will speak to us upon the Medical Reserve Corps.

Paper: "The Medical Reserve Corps." Major Horace D. Arnold, Dean Harvard Post-Graduate School.

Paper: "Organization of Dispensary Service of the Second Naval District." D. N. Carpenter, Medical Inspector, U. S. N.

The latter paper was further amplified by remarks from Dr. Stimpson, Sanitary Inspector, U. S. P. H., and Dr. Rathbone, Senior Medical Officer, Newport District.

A rising vote of thanks was extended to the Rhode Island Hospital for the courtesies extended to the Society.

After the meeting supper was served in the nurses' dining-room. Adjourned.

J. W. LEECH, M. D., *Secretary*.

COUNCIL.

A meeting of the Council was held May 31, 1917. On motion of Dr. Welch, duly seconded, it was voted to authorize the action of the House of Delegates in voting to remit the dues of Fellows who accept war service outside the state.

Adjourned.

J. W. LEECH, M. D., *Secretary*.

HOUSE OF DELEGATES.

Special meeting, June 13, 1917. At the suggestion of Dr. F. N. Brown, authorization was

given for a campaign to raise a fund by subscription for the purpose of subscribing for the Society for the Liberty Loan. Dr. F. N. Brown was appointed a committee with power to appoint subcommittees for this purpose.

Dr. Champlin, Committee on Ways and Means, proposed a plan whereby members be urged to contribute to an endowment fund by money gifts or Library bonds in their possession, the purpose of the fund being to liquidate the mortgage on the Library Building.

There was a thorough discussion of methods of recognizing the donations, and the committee was instructed to continue and report at a subsequent meeting.

Adjourned.

J. W. LEECH, M. D., *Secretary*.

HOUSE OF DELEGATES.

Rhode Island Hospital,

September 6, 1917.

The meeting was called to order by Dr. John Champlin, President. At the request of the State Committee of the Council for National Defence, the Owen amendment to Senate Bill 1786, providing for military rank among medical officers of the army commensurate with that of medical officers in the navy, was unanimously approved, and the Secretary was instructed to communicate this action to the Senators and Representatives of Rhode Island at Washington.

Adjourned.

J. W. LEECH, M. D., *Secretary*.

DISTRICT SOCIETIES

WOONSOCKET DISTRICT SOCIETY.

The regular meeting of the Woonsocket District Medical Society was held September 13, 1917, at 4 p. m., at the St. James Hotel. Dr. F. A. Cummings of Providence read a paper entitled "Suggestions in the Treatment of Metabolic Disorders."

E. F. HAMLIN, *Secretary*.

PROVIDENCE MEDICAL ASSOCIATION.

June 4, 1917.

The regular meeting of the Providence Medical Association was held at the Medical Library on June 4, 1917. The meeting was called to order by the President, Dr. F. E. Burdick at 9 p. m. There were present at the meeting fifty-three members and two guests. The records of the preceding meeting were read and approved.

Dr. William F. Duffy, Dr. Frederick H. Devere and Dr. J. Edward McCabe, having been approved by the Standing Committee, were elected members of the association.

Dr. George H. Crooker, Dr. John W. Mitchell, and Dr. Herbert Terry, the committee appointed by the President to draw up a memorial on the death of Dr. A. E. Ham, presented the following memorial:

Dr. Albert Eugene Ham was born in Providence, R. I., July 23, 1843, a son of Benjamin W. and Eunice (Green) Ham. He was educated in the schools of his native city and in Brown University, receiving from the University the Degree of A. B. in 1864, and that of A. M. in 1867.

On May 26, 1862, he enlisted as a private in Company D, 10th Rhode Island Volunteers and was honorably discharged September 1, 1862, at the expiration of his term of service. He was then appointed a sergeant in the Marine Corps of Artillery stationed on the Rhode Island coast.

In 1867 he received the Degree of M. D. from the College of Physicians and Surgeons, Columbia University, New York. After a year of study in Paris he returned to Providence and on March 1, 1869, he was appointed House Physician to the Rhode Island Hospital and served in that capacity till September 8, 1869, when he became House Surgeon, serving till March 1, 1870.

On June 1, 1870, he began the practice of medicine, associated with Dr. C. W. Parsons, then located at 19 Waterman Street, and later opened an office on Benefit Street, and was for many years a prominent member of the medical fraternity. He retired from active practice several years ago.

In 1870 he became a Fellow of the Rhode Island Medical Society and a member of the Providence Medical Association, of which he was President during the year 1883-1884. He was the first President of the Rhode Island Hospital Club.

On October 3, 1867, he married Miss Anna Jean Mason who died April 23, 1905.

On April 24, 1871, he was elected Surgeon of the Providence Marine Corps of Artillery. In January, 1872, he was appointed pathologist and librarian to the Rhode Island Hospital, serving till March 1, 1874.

In July, 1872, he was appointed surgeon to the out-patient department of the hospital and served till July 1, 1875. In December of that year he received the appointment of visiting physician to the hospital, serving till 1883.

In November, 1876, he became a member of the local Board of United States Examining Surgeons for Pensions and served as its Secretary till September 1, 1899, remaining a member of the board till 1914. In 1901, he was elected a consulting physician and surgeon to the Rhode Island Hospital. He was also a consulting physician and surgeon to the Providence Dispensary and to St. Mary's Orphanage.

He died in Providence, January 24, 1917, after an illness of several months of carcinoma of the intestines, myocarditis, and anemia. He left a daughter, Miss Annette Mason Ham, and a son, Livingston Ham, a practicing attorney of this city.

Dr. Ham had a very genial and affable manner and a most pleasing personality. Age sat but lightly upon him and he retained to the end his keenness of intellect and humor. He was always the agreeable companion, and will long be remembered as a faithful physician, a steadfast friend, and a courteous gentleman.

(Signed) GEORGE H. CROOKER,
JOHN W. MITCHELL,
HERBERT TERRY.

It was voted that the memorial be accepted, spread upon the records and a copy sent to the family.

Dr. George T. Spicer and Dr. Charles E. Hawkes, the committee appointed to draw up a memorial on the death of Dr. H. W. Burnett, presented the following memorial:

Henry Winans Burnett, M. D., son of John Higgins and Eugenia (Winans) Burnett, was born in New York City in 1873, died in Providence, R. I., May 6, 1917, following a considerable period of impaired health, although engaged actively in the practice of medicine and in the examination of recruits for the National Guard up to within a very short time preceding his death.

At one time a student at the College of the City of New York, he later graduated from the Long Island Hospital, entering the service of King's County Hospital in 1898. In 1899, he came to East Greenwich, R. I., engaging in general practice there for one year. In 1900, he became Assistant Resident Physician at Butler Hospital.

From the beginning of his practice in Providence, his interests lay strongly in the direction of pediatrics, or, to put it broadly, in any line of activity connected with the welfare of infants and young children. The Children's Medical Out-patient Department at the Rhode Island Hospital, where he labored long and faithfully, owes much to him, as does also the North End Dispensary. He was the first chairman of the

Pediatric Section of the Rhode Island Medical Society.

Always desirous of keeping abreast of the times, he attended the Harvard Graduate School of Medicine from 1908 to 1912. The Providence District Nursing Association had his active interest as a member of the Board of Managers, and it is owing to his earnest efforts that the annual appropriation of \$5,000 by the city of Providence was secured for this organization.

In the early days of such work he did much for the baby camps located close to the congested districts, and from its inception was Chairman of the Baby Welfare Committee. He was in demand as a speaker before the Mothers' Clubs of the city, while more recently the Providence Floating Hospital enlisted him as an examiner. In fact—not only did he keep abreast of the times, as remarked before—he may truly be said to have blazed the way for much of the good work now being done for infants and children in Providence.

His membership included the Providence Medical Association, the Rhode Island Medical Society, American Medical Association, New England Pediatric Society, the University Club, and the Association of Military Surgeons.

For many years Dr. Burnett served the State of Rhode Island in the Medical Corps of Rhode Island National Guards, and was but recently appointed Assistant Surgeon General of the State. It was his full expectation to be called upon for active service in the present war, a call he was prepared to meet cheerfully and willingly.

His widow survives him, as do also two sons and his mother.

We like to think of our late co-worker as what he was first of all, a gentleman, considerate, kind and sympathetic. His constant willingness to serve beyond the strict requirements of any call will make him long remembered with gratitude in this community, where few of his profession have contributed of themselves more freely or liberally for the public good.

GEORGE T. SPICER,
CHARLES E. HAWKES,
Committee.

It was voted that the memorial be accepted, spread upon the records and a copy sent to the family.

On motion of Dr. F. M. Adams, duly seconded, it was voted that the Secretary be instructed to communicate with the Secretary of the Providence Floating Hospital, Inc., expressing the approval of our association of the work of the Providence Floating Hospital.

The paper of the evening, entitled "The Acute Abdomen with Report of Cases," was read by Dr. Charles O. Cooke.

The discussion was opened by Dr. J. B. McKenna, who reported a case of ruptured cyst of the mesocolon.

The discussion was continued by Dr. H. J. Hoye, who urged operation when the diagnosis is in doubt. Dr. Hoye also called attention to cases of pneumonia with abdominal symptoms and emphasized the danger of catharsis in acute abdominal cases.

Dr. Kingman reported two cases of acute haemorrhagic pancreatitis which had recently come under his observation.

Dr. George S. Mathews called attention to the visceral crises of the erythematous group of skin diseases. These cases are often ushered in with nausea and vomiting and may simulate the acute abdomen.

Dr. Kerney urged thoroughness in examination and briefly referred to three cases of ureteral calculus which had been erroneously operated for appendicitis.

The paper was further discussed by Drs. Corvese and Kelley.

The meeting adjourned at 10:40 p. m.

A collation was served.

CHARLES O. COOKE, *Secretary*.

HOSPITALS

RHODE ISLAND HOSPITAL.

The nursing aides attached to the Naval Base Hospital Unit No. 4 are undergoing their training at the hospital. Five have finished their 72 hours of regular ward duty, and there are ten more taking their training at the present time. After their period of training, the aides await further orders in connection with the unit.

Lieut. Anthony Corvese, M. D., has been ordered to active duty and is detailed to take up X-ray training at Boston.

The regular meeting of the Rhode Island Hospital Club was held at the hospital the 26th of September.

ST. JOSEPH'S HOSPITAL.

Sister Mauritia, who as Sister Superior has been in charge of the hospital for the last four years, has been transferred to St. Mary's Hospital, Philadelphia. Sister Benjamin has been appointed to the position. Sister Benjamin comes to Providence from Trenton, N. J., after a very successful term at St. Joseph's Hospital in Trenton.

MEMORIAL HOSPITAL.

Work is well advanced on the private ward which is being erected on the north side of the centre building.

Dr. Alex. M. Burgess has been appointed assistant physician to the medical Out-Patient Department.

MISCELLANEOUS

HONOR ROLL.

The following Rhode Island physicians have accepted commissions in the Medical Reserve Corps, U. S. A., in addition to the list published in the September issue of the JOURNAL:

Lieut. Charles M. Collins, M. R. C., U. S. A.
 Capt. A. Arlington Fisher, M. R. C., U. S. A.
 Capt. J. Leroy Fisher, M. R. C., U. S. A.
 Lieut. Edw. E. Fitzpatrick, M. R. C., U. S. A.
 Lieut. Simon G. Lenzer, M. R. C., U. S. A.
 Lieut. Waldo J. Lussier, M. R. C., U. S. A.
 Lieut. Myer A. Persky, M. R. C., U. S. A.
 Lieut. Malford W. Thewlis, M. R. C., U. S. A.
 Lieut. Robt. H. Whitmarsh, M. R. C., U. S. A.

WAR MEETING FOR HEALTH OFFICERS.

A war meeting will be held at Washington, D. C., October 17-20, 1917, by the American Public Health Association. This will replace the annual meeting which was to be held at New Orleans, La., December 4-7, 1917.

The papers and conferences will deal largely with the health problems created by the great war—the food supply, communicable diseases among soldiers, war and venereal disease, war and the health of the civil population, etc.

President Wilson has said: "It is not an army we must shape and train for war; it is a nation." Go to the Washington meeting; then come back and do your bit!

Washington will be crowded, and those interested are urged to reserve hotel accommodations at once.

Preliminary programs will be automatically mailed to all members of the A. P. H. A. about September 15. Non-members may receive them free by writing to The American Public Health Association, 126 Massachusetts avenue, Boston, Mass.